## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>05/21/2010</u>	Address:	<u>C.R. 300 N. @</u>	
Case #:	<u>42-30597</u>		TALLY RD.	
County:	<u>BARTHOLOMEW</u>			
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			check all that apply)	
	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply)  Lithium/Ammonia Reaction(s):				
Red Phosphorous/Iodine Reaction(s):				
☐ Flammable Solvents: IN DITCH				
Water Reactive Metal (Lithium): <u>IN DITCH</u>				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s): <u>ALONG ROADWAY</u>				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
Child under age 18 discovered (check one)  ☐ Yes (number present)  ☐ No  *If yes, fax report to Child Protective Services		Ephedring Retail/Me	Investigative Information  Ephedrine/Pseudoephedrine Tracking Log  Retail/Merchant Tip  Other:	
This repor	t is to be faxed to the following agen	cies that serve the lo	ocation:	
Fire Depart	ment: COLUMBUS TWNSHP.	Fax: <u>812-3</u>		
Health Department: <u>BARTHOLOMEW CO.</u>		Fax: <u>812-3</u> Fax: N/A	<u>79-1040</u>	
Child Prote	ction Service: N/A	_ <del></del>		
	information regarding this methampho		ontact	

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.